



Parking Citation Low Income Payment Plan Application

Low Income Payment Plans provide customers an option to enroll parking citation(s) in a monthly payment plan

Please review the Program Terms and Conditions and complete Part One and Part Two of this form.

Our staff will complete Part Three of this form.

PART ONE - TO BE COMPLETED BY THE PARTICIPANT					
Name		<i>First:</i> _____ <i>Last:</i> _____			
Mailing Address		<i>Street Address:</i> _____			
		<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____	
Phone Number: () _____			Email: _____		
Citation Number(s) to enroll in payment plan: (Starts with a P or R)			_____	_____	_____
Citation Amount: (Only list w/out fees)			\$ _____	\$ _____	\$ _____
Initial which option below applies:			Select which day of the month preferred to make payment:		
I currently Receive qualifying "Public Benefits" as defined below.			1st of the Month		Participant will be given at least 30 days from application approval, before first payment is due.
I qualify as "Low Income" as defined below.			15th of the Month		
Indicate Family / Household Size (number of persons)			_____		
PART TWO - SIGNATURE REQUIRED FOR PROCESSING AND ENROLLMENT					
I have read and understood the terms and conditions of the Low Income Payment Plan described in this application and do hereby certify the information provided is true and correct. I acknowledge that I must submit acceptable forms of proof along with this application, as described below, and I certify that I am Low Income or receiving Public Benefits as defined herein.					
Signature: _____			Date: _____		

IMPORTANT: Along with this application, you must submit proof that you are "Low Income" or receive "Public Benefits". Acceptable forms of proof are described below. This application must be fully and properly completed, and transmitted in accordance with the instructions below.

"Public Benefits" are as defined at GC 68632(a) and include, but are not limited to, public benefits under one or more of the following programs: CalWORKs (or Tribal TANF), Supplemental Security Income and State Supplementary Payment, Supplemental Nutrition or California Food Assistance Program, County Relief, General Relief or General Assistance, Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, In-Home Supportive Services, Medi-Cal.

- Acceptable forms of proof include an electronic benefits transfer card or another card, or other documentation that confirms your receipt of qualifying Public Benefits.

"Low Income" is defined at GC 68632(b) and is an applicant whose monthly income is 138 percent or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. See Chart below for current income thresholds.

- Acceptable forms of proof of Low Income include a recent pay stub, an earnings or financial statement, or other documentation that demonstrates that you qualify as Low Income.

Family / Household Size	1	2	3	4	5	6
Annual Income	\$18,755	\$25,268	\$31,782	\$38,295	\$44,809	\$51,323

This constitutes your application for a payment plan under California Vehicle Code (CVC) 40220. If it is approved and you qualify for the payment plan, you will automatically be enrolled and a follow-up communication will provide you detailed payment information and terms. If for any reason you wish to revoke your application (or cancel a payment plan if you are enrolled), you may notify us at any time. If your application is incomplete or is otherwise rejected, you will be notified.

PAYMENT PLAN TERMS & CONDITIONS

HOW TO APPLY:

By Mail: Mail your application and supporting documentation to:

City of Chula Vista Finance Department
276 Fourth Ave, Bldg A, Chula Vista, CA 91910.

In Person: Submit your application and supporting documentation at our office located:

276 Fourth Ave, Bldg A, Chula Vista, CA 91910.
Mon thru Thurs 9am - 5pm, Fri 9am - 12pm

- Applicants must apply for a payment plan within 120 days of issuance of a notice of parking violation, or within 10 days after an administrative hearing determination, whichever is later. You are only entitled to enroll in a payment plan once for any specific citation(s). Subject to the timing requirements, you may enroll in additional payment plans for any citation(s) which were not previously included in a payment plan.
- Only the Registered Owner or Lessee may enroll in the Payment Plan.
- Citations are not eligible for enrollment in a payment program if the cited vehicle is currently booted, towed or impounded (subject to the citations being outside of the above referenced application deadlines).
- Citations enrolled in this program are not eligible for an Administrative Review or Hearing.
- DMV registration holds and Franchise Tax Board tax intercepts will not be implemented, and / or will be removed during the payment plan, subject to its satisfactory completion. If the payment plan is not satisfactorily completed, then such remedies may be invoked.
- No citation re-enrollment, contract extensions, or revisions will be granted.
- If you are enrolled in a payment plan, then you must make required monthly payments on the due date and otherwise comply with all applicable terms and provisions of the program, and all payment requirements. Detailed payment terms will be provided in a follow-up communication if your application is approved.
- Citation late fees and penalty assessments ("Late Fees") are removed at time of enrollment in the payment plan in accordance with CVC 40220. Late Fees are reinstated if plan is not completed.

AMOUNT OWED	TIMELINE FOR	MINIMUM MONTHLY	
\$50	2 months	\$25	The payment plan caps the monthly payment amount at \$25.00. Payment Plans are available for Parking Citations \$500 or less.
\$75	3 months	\$25	
\$100	4 months	\$25	
\$125	5 months	\$25	
\$150	6 months	\$25	
\$300	12 months	\$25	The duration of payment plans varies based upon the amount owed, but will not exceed 24 months.
Up to \$500	Up to 24 months	\$25	

PART THREE - OFFICE USE ONLY

Payment Plan: ☐ Approved ☐ Declined Employee Initials/Date: _____

Total Citation(s) Amount Enrolled:	\$	Invoice #:		Date Mailed:	
Plan Duration:	Months	Monthly Payment Amount:	\$	1st Installment Due:	